

**REQUEST FOR COPY OF MARRIAGE CERTIFICATE****PLEASE PRINT****DO NOT MAIL CASH**

GROOM SPOUSE	(Full Name)		
	----- First	----- Middle	----- Last
BRIDE SPOUSE	(Full Name)		
	----- First	----- Middle	----- Last (Maiden Name, if Bride)
	DATE OF CEREMONY (Month/Day/Year)		PLACE OF CEREMONY (Town of Occurrence)

**PLEASE NOTE: Attach a legible copy of your current photo identification to this request form.**

Only those appearing on the Marriage Certificate shall receive a certified copy of such certificate including their Social Security Numbers.  
All other certified copies will mask the Social Security Numbers.

**PERSON MAKING THE REQUEST:**

NAME: \_\_\_\_\_  
First Middle Last

ADDRESS: \_\_\_\_\_  
Number Street

TOWN/CITY: \_\_\_\_\_ STATE & ZIP CODE: \_\_\_\_\_

SIGNATURE: **X** \_\_\_\_\_ Relationship: \_\_\_\_\_

The legal fee is \$10.00 per copy.

Number of copies requested: \_\_\_\_\_ Amount enclosed: \$ \_\_\_\_\_

Please make check or money order payable to the Town of Simsbury.  
Mail this request with a legible copy of your photo ID and payment to  
Town Clerk, P.O. Box 495, Simsbury, CT 06070.  
For other Town Clerk addresses, please call (860) 509-7897